

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10692

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 308
(b) Township Bourbon Primary Registration District No. 37426 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Thompson 512

(a) Residence, No. _____ St. (If nonresident, give city or town, and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 18 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 - 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Jan. 3, 1938
11. Total time (years) spent in this occupation 50 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hokoma Ind13. NAME Douglas Knowlton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Ind15. MAIDEN NAME Douglas Knowlton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Ind17. INFORMANT (ADDRESS) Shelt Leroux St James Mo18. BURIAL, CREMATION, OR REMOVAL PLACE High Gate Mo DATE 3-10-3819. FUNERAL DIRECTOR (ADDRESS) W. E. Kuebler St James Mo20. FILED Mar. 11 1938 Mr. Mollie Gurgeon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 193822. I HEREBY CERTIFY, That I attended deceased from Feb 25 1938 to March 8 1938I last saw h. alive on March 4, 1938 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance: 131'

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. E. Kuebler _____, M. D.(Address) St James Mo377 (Address) _____

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)